Name in Full John Boal

Certificate of Death

Died at Town Barton County Allegany MARYLAND

Date 1899 Month Mar Day 3rd Age Y. 13 M. 4 D. Native of Ireland Occupation Miner

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ Widower ~~Divorced~~ Number of children living 5

Husband / Wife of Jane Patterson

Father's Name Robert Boal Mother's Name Unknown

Cause of Death: Primary Chronic Asthma How long sick 2 Months

Immediate Pneumonia 76 ~~Accident, Suicide, Homicide~~

Reported by S A Boucher

Address Barton Md

Must be signed by physician, if any in attendance, oth[illegible] by coroner, undertaker or minister.

LIBRARY BUREAU, 65868

Name In Full John Brookes

Certificate of Death

Died at Town Almshouse County Allegany MARYLAND

Date 189 1 Month 3 Day 10 Age Y. 82 M. D. Native of ✓ Occupation

Male ~~Female~~ White ~~Colored~~ Married Single Widow Widower Divorced Number of children living

Husband of Wife

Father's Name

Mother's Name

Cause of Death: Primary Old age 141 How long sick

Immediate Accident, Suicide, Homicide

Reported by Indepint Cumberland

Address 3-11

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79888

Name in Full: John Bucho

Certificate of Death

Died at: Town: Almos House, County: Alleg Co MARYLAND

Date 189 9 Month Mch Day 11 | Age Y. 84 M. - D. - | Native of Germany | Occupation Farmer

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ ~~Single~~ Widower Number of children living 3

Husband of Wife

Father's Name

Mother's Name 141

Cause of Death: Primary Senile decay

Immediate Exhaustion

How long sick 3 weeks

Accident, Suicide, Homicide

Reported by C H Brace, M. D.

Address Cum Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name In Full Jeannette Morton Cook

Certificate of Death

Town County

Died at Frostburg Allegany MARYLAND

Date 189 9 Month 3 Day 9 | Age Y. M. D. | Native of | Occupation

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 11

~~Husband~~ of

Wife W. H. Cook

Father's Name John Morton, Jr. Mother's Name

Cause of Death: Primary 161 | How long sick

Immediate | Accident, Suicide, Homicide

Reported by Lonaconing Star

Address 3-16

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full

Certificate of Death

Rebecca Day

Died at Town: Cumberland County: Allegany MARYLAND

Date 1891 Month: March Day: 7 | Age Y. 60 M. — D. — | Native of Maryland | Occupation Housewife

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ ~~Single~~ Widow ~~Widower~~ ~~Divorced~~ | Number of children living two

Husband / Wife of —

Father's Name Don't Know | Mother's Name Don't Know

Cause of Death: Primary Dysentery 84 | How long sick 5 days

Immediate Exhaustion | ~~Accident, Suicide, Homicide~~

Reported by James T. Johnson, M.D.

Address Cumberland Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Jos. Elsworth Denytch

Certificate of Death

Died at Town Sonaconing County Allegany MARYLAND

Date 1899 Month 3 Day 1 Age Y. 0 M. 5 D. 5 Native of Md Occupation Infant

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

~~Husband~~ ~~of~~ Wife

Father's Name Jos Denytch Mother's Name ~~Jos~~ Laura Denytch

Cause of Death Primary Whoopingcough 7 How long sick 10 days

Immediate Pneumonia ~~Accident, Suicide, Homicide~~

Reported by C Brokmarkle

Address Sonaconing Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968

Name in Full John Craig Dick

Certificate of Death

Died at Town Lonaconing County Allegany MARYLAND

Date 1899 Month March Day 31 Age Y. 69 M. — D. — Native of Scotland Occupation Miner

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living Two

Husband ~~Wife~~ of Mrs Margaret Thompson

Father's Name — Dick Mother's Name Janet Craig

Cause of Death: Primary La Grippe 9 How long sick Two Weeks

Immediate Apoplexy ~~Accident, Suicide, Homicide~~

Reported by W. H. Kelly

Address Lonaconing

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Delilah Diffenbaugh

Died at Town Frostburg County Allegany Co. MARYLAND

Date 189 Month 3 Day 15 Age Y. 82 M. 7 D. 20 Native of U. S. Occupation Housewife

~~Male~~ Female White ~~Colored~~ ~~Married~~ Single Widow ~~Divorced~~ ~~Widower~~

Number of children living 2

~~Husband~~ Wife of Alex. Diffenbaugh

42

Father's Name Don't Know

Mother's Name Don't Know

Cause of Death: Primary Paralysis from Apoplexy — How long sick Seven years

Immediate Old age

~~Accident~~, Suicide, ~~Homicide~~

Reported by C. E. Jacobs.

Address Frostburg Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, BOSTON

Name in Full Frank J. Glick

Certificate of Death

Died at Town Cumberland, County Allegany MARYLAND

Date 1899 Month Mch Day 3 | Age Y. 37 M. — D. — | Native of Maryland | Occupation Merchant

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~

Number of children living 4

Husband ~~Wife~~ of Frances Glick – nee Holzer

Father's Name John Glick

Mother's Name Glick

Cause of Death: Primary Hepatic Tuberculosis 22E — How long sick 3 months

Immediate Exhaustion — ~~Accident, Suicide, Homicide~~

Reported by James T. Johnson, M.D.

Address Cumberland Maryland.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968

Name in Full John Hiner

Certificate of Death

Died at Town Mr. Garage County Allegany MARYLAND

Date 189 9 Month 3 Day 9 Age Y. 83 M. D. Native of Occupation

Male White Married Widow Divorced

~~Female~~ Colored ~~Single~~ Widower Number of children living

Husband of Wife

Father's Name Mother's Name 155a

Cause of Death Primary Dropsy superinduced

Immediate by old age

How long sick

Accident, Suicide, Homicide

Reported by Dmacoming Star

Address 3-16

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full M. J. Hoban

Certificate of Death

Died at Town Westernport County Allegany MARYLAND

Date 1899 Month 3 Day 7 Age Y. 50 M. D. Native of Occupation

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living 4

Husband of Wife

Father's Name

Mother's Name 69

Cause of Death: Primary Bronchitis — How long sick

Immediate — Accident, Suicide, Homicide

Reported by Cumberland Independent

Address 3-7

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79998

Name In Full Mrs. Louisa Lashley

Certificate of Death

Died at Town Flintstone County Allegany MARYLAND

Date 189 9 Month 3 Day 19 Age Y. 73 M. D. Native of Occupation

~~Male~~ Female White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living 3

~~Husband~~ Wife of Jacob Lashley

Father's Name Mother's Name

Cause of Death: Primary Cancer on lower limb — How long sick 259

Immediate — Accident, Suicide, Homicide

Reported by Cumberland Independent

Address 3-20

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79666

Rev. Harris, of Eckhart

Name in Full George Lindsey — Certificate of Death

Died at Lonaconing (Town) Allegany (County) MARYLAND

Date 189 9 Month March Day 15 Age Y. 77 M. 10 D. 2 Native of England Occupation R. R. Repairman

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ Widower ~~Divorced~~ Number of children living 20

Husband ~~Wife~~ of Margaret Lindsey

Father's Name ——— Mother's Name 20

Cause of Death { Primary Chronic Bronchitis — How long sick six weeks
Immediate Cerebral Hemiplegia — Accident, Suicide, Homicide

Reported by M. Gibson Porter

Address Lonaconing Maryland.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full — Certificate of Death

David McAlpin

Died at Town: Lonaconing County: Allegany — MARYLAND

Date 1899 Month: Mar Day: 22 | Age Y. 42 M. 10 D. - | Native of Scotland | Occupation Miner

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ | Number of children living Five

Husband ~~Wife~~ of Emily B. Smith

Father's Name John McAlpin | Mother's Name Barbara Bell

Cause of Death: Primary Locomotor ataxia — How long sick Five years

Immediate Convulsions 40 — ~~Accident, Suicide, Homicide~~

Reported by E. L. Billing M. D.

Address Lonaconing

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 55968

Name in Full

Certificate of Death

Infant Child of Mr. McBeth.

Died at Town Cumberland County Alleg. MARYLAND

Date 1899 Month Mch. Day 31. Age ~~Y.~~ M. 7 D. Native of Cumb. Occupation

Male White ~~Married~~ Widow ~~Divorced~~

~~Female~~ ~~Colored~~ Single Widower ~~Number of children~~ living

Husband of Wife

Father's Name McBeth Mother's Name

Cause of Death Primary Pneumonia 72 How long sick

Immediate Asphyxia Accident, Suicide, Homicide

Reported by H. H. Stansbury M.D.

Address Cumberland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full — Violette McCrobie — Certificate of Death

Died at — Town: Cumberland — County: Allegany — MARYLAND

Date 1899 — Month: 3 — Day: 5 — Age: Y. 24 M. D. — Native of: W Va — Occupation: House

~~Male~~ / Female — White / ~~Colored~~ — Married / ~~Single~~ — ~~Widow~~ / ~~Widower~~ — ~~Divorced~~ / ~~Number of children living~~

~~Husband~~ / Wife of — Glen McCrobie

Father's Name

Mother's Name — 91

Cause of Death — Primary: Hepatitis from Gall stone — How long sick

Immediate: Heart Failure — ~~Accident, Suicide, Homicide~~

Reported by — Chas. L. Broadrup M.D.

Address — 100 Va. Ave. — City

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU

Name in Full Jessie Michael

Certificate of Death

Died at Town Westernport Md County Allegheny MARYLAND

Date 189 9 Month March Day 10 Age Y. 66 M. 8 D. 4 Native of Md. Occupation Farmer

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living Five

Husband of Wife Eliza Michael

Father's Name J Broadwater Mother's Name Katie Broadwater

Cause of Death Primary 68 How long sick Two days

Immediate Oedematous Laryngitis Accident, ~~Suicide~~, ~~Homicide~~

Reported by D J Long M D.

Address Piedmont Va

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, [illegible]

Name in Full

Certificate of Death

Charles Murphy

Died at Town Cumberland County Allegany MARYLAND

Date 1899 Month March Day Age Y. 65 M. – D. – Native of Ireland Occupation Laborer

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living

Husband of Wife

Father's Name

Mother's Name 76

Cause of Death Primary Emphysema + Heart Weakness How long sick 6 Mo.

Immediate Dropsy ~~Accident, Suicide, Homicide~~

Reported by Geo. L. Broadrup M.D.

Address 100 Va Ave City

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65062

Name in Full Payne Parker

Certificate of Death

Died at Town Frostburg County Allegany MARYLAND

Date 189 Month 9 Day 3 | Age Y. 12 M. D. 2 | Native of Md | Occupation

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ ~~Number of children living~~

Husband / Wife of

Father's Name Chas Parker

Mother's Name Laura Parker

Cause of Death: Primary Accidental 1520 | How long sick c

Immediate Concussion of Brain

Accident, ~~Suicide, Homicide~~

Reported by A G Pence

Address Frostburg Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full No Name Price

Certificate of Death

Died at Town Alms House County Alleg. Co MARYLAND

Date 189 9 Month Mch Day 6 | Age Y. – M. – D. 2 | Native of Md | Occupation —

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number~~ of children living

Husband of Wife

Father's Name Jno Price

Mother's Name Ollie Gersuch

Cause of Death: Primary Prolonged labor — How long sick 2 d

Immediate Exhaustion 140 — Accident, Suicide, Homicide

Reported by C. H. Brace

Address Cumb Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Sarah Quinn

Died at Town: Lonaconing County: Allegany MARYLAND

Date 189 9 Month: Mar. Day: 20 Age: Y. 49 M. — D. —

Native of: Ireland Occupation: Wife

~~Male~~ Female | White | ~~Colored~~ | Married | ~~Single~~ | ~~Widow~~ | ~~Widower~~ | ~~Divorced~~

Number of children living: 9

~~Husband~~ Wife of James Quinn

Father's Name: Wm. Murray Mother's Name: Sarah Murray

Cause of Death: Primary: La Grippe - 9

Immediate: Pneumonia

How long sick: 6 wks

~~Accident, Suicide, Homicide~~

Reported by: M. Gibson Porter

Address: Lonaconing Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, [illegible]

Name in Full | Certificate of Death

G Riddle

Died at Town Cumberland County Allegany MARYLAND

Date 189 Month E March Day 23 Age Y. M. D. Native of Cumberland Occupation Md

Male White ~~Married~~ Single Widow Divorced

~~Female~~ ~~Colored~~ ~~Single~~ Widower Number of children living

Husband of Wife

Father's Name Mother's Name 95

Cause of Death Primary Abscess of Omentum How long sick 3 days

Immediate Angina Leconus Accident, Suicide, Homicide

Reported by B. C. Miller M.D.

Address Cumberland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65068

Name in Full

Certificate of Death

Eli Robinson

Died at Town: Cumberland County: Allegany MARYLAND

Date 1899. Month: Mar. Day: 31 | Age Y. 8 M. 11 D. 16 | Native of Md | Occupation Senator

~~Male~~ ~~White~~ Married ~~Widow~~ ~~Divorced~~

~~Female~~ Colored ~~Single~~ ~~Widower~~ Number of children living 3

Husband ~~Wife~~ of Mariah Tinsblake

Father's Name ——— Mother's Name ———

Cause of Death: Primary Old age 141 — How long sick 2 weeks

Immediate Pneumonia — ~~Accident, Suicide~~, Homicide

Reported by Jno. H. Simpkins

Address 65 Mechanic St.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 55968

Name In Full Walter Lewis Rupp — Certificate of Death

Died at Town Frostburg County Allegany MARYLAND

Date 189 9 — Month 3 - Day 8 — Age Y. 3 M. - D. 4 — Native of — Occupation —

Male / ~~Female~~ — White / ~~Colored~~ — ~~Married~~ / Single — ~~Widow~~ / ~~Widower~~ — ~~Divorced~~ — ~~Number of children living~~

Husband of
Wife

Father's Name Chas. Rupp — Mother's Name

Cause of Death — Primary 161 — How long sick

Immediate — Accident, Suicide, Homicide

Reported by Minnie Conrad

Address [redacted] 3-11, 1899

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79813

Name in Full J. H. Dauerbaugh

Certificate of Death

Died at Town Frostburg County Allegany MARYLAND

Date 1899 Month 9 Day 3 17 Age Y. 40 M. D. Native of Occupation Carpenter

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ Widower ~~Divorced~~ Number of children living 2

~~Husband~~ Wife of Mary Ann Dauerbaugh

Father's Name

Mother's Name

Cause of Death: Primary Paralysis 44 How long sick 2 yrs

Immediate

Accident, Suicide, Homicide

Reported by Dr H. O. McLane

Address Frostburg Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968

Name in Full F. Mariani Thomas

Certificate of Death

Died at Town Frosiburg County Alleghany MARYLAND

Date 1899 Month 3 Day 4 Age Y. 4 M. D. Native of Occupation

~~Male~~ White ~~Married~~ Widow ~~Divorced~~

Female ~~Colored~~ Single Widower Number of children living

Husband of Wife

Father's Name Geo Thomas Mother's Name

Cause of Death Primary Died Sudden How long sick

Immediate Convulsion 49 Accident, Suicide, Homicide

Reported by Dr W. O. McLane

Address Frosiburg Md

Must be signed by physician, if any in attendance, otherwiso by coroner, undertaker or minister.

LIBRARY BUREAU. 65968

Name in Full Bernard Wade

Certificate of Death

Died at Town Frostburg County Allegany MARYLAND

Date 189 Month Mch Day 10 | Age Y. 2 M. D. | Native of Md | Occupation —

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ ~~Number of children living~~

Husband / Wife of

Father's Name Hiram Wade

Mother's Name Nora Wade

Cause of Death: Primary —

Immediate Pneumonia

How long sick 3 Days

~~Accident, Suicide, Homicide~~

Reported by A B Price

Address Frostburg Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name in Full

Certificate of Death

Albert L Ward

Died at Town Cumberland County Allegany MARYLAND

Date 1899 Month March Day 9 Age Y. – M. – D. 9 Native of Md Occupation child

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ Single ~~Widower~~ Number of children living 3

Husband of Wife

Father's Name John C Ward

Mother's Name Ida C Ward

Cause of Death Primary Meningitis 39a

Immediate Convulsions

How long sick

~~Accident, Suicide, Homicide~~

Reported by J [illegible]

Address Cumberland Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

George A. Wegman

Certificate of Death

Died at Town: Cumberland County: Allegany MARYLAND

Date 189? Month: March Day: 2 Age Y. 1 M. 10 D. 2 Native of Md Occupation child

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single ~~Widowed~~ ~~Divorced~~ Number of children living 1

Husband / Wife of

Father's Name George Wegman Mother's Name Annie Wegman

Cause of Death — Primary: Scarlet Fever 6 (How long sick)

Immediate: Blood Poisoning (Accident, Suicide, Homicide)

Reported by Howard Freeman

Address Cumberland Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 58768

Name in Full Marie Wingefelt. Certificate of Death

Died at Town Barton County Ally MARYLAND

Date 1899 Month Mch Day 2 Age Y. 80 M. D. Native of Germany Occupation Housewife

~~Male~~ White ~~Married~~ Widow ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living None

~~Husband~~ Wife of Conrad Wingefelt

Father's Name Mother's Name 5-6

Cause of Death Primary Cardiac Dropsy. How long sick 2 weeks

Immediate Cerebral hemorrhage ~~Accident, Suicide, Homicide~~

Reported by Dr. T. L. Conroy

Address Barton Ally

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65969

Name in Full | Certificate of Death

Leonora L. Wilkers

Died at Town: Cumberland County: Allegany MARYLAND

Date 1899 Month: Mch Day: 22 Age Y. 57 M. — D. — Native of: W.V.A. Occupation: —

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ Widower Number of children living none

~~Husband~~ Wife of Late W. A. Wilkers

Father's Name [illegible] Mother's Name —

Cause of Death: Primary apoplexy 42 How long sick 12 days

Immediate —

~~Accident, Suicide, Homicide~~

Reported by W. W. Wiley

Address Cumberland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 85969

Name in Full James Yates

Certificate of Death

Died at Town Grosvow County Allegany MARYLAND

Date 189 Month March Day 27 Age Y. 19 M. 6 D. 8 Native of U. S. Occupation Mine Driver

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

Husband of
Wife

Father's Name John W. Yates

Mother's Name 42 Jane (Hales) Yates

Cause of Death: Primary Cerebral Hemorrhage How long ago 2 hours

Immediate into Right Lateral Ventricle ~~Accident, Suicide, Homicide~~

Reported by M. Gibson Forte

Address Lonaconing Maryland.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Mrs Lavina Zeng

Certificate of Death

Died at Town Cumberland County Allegany MARYLAND

Date 1899 Month 3 Day 20 Age Y 69 M. — D. Native of W. Va Occupation —

~~Male~~ White Married Widow ~~Divorced~~

Female ~~Colored~~ Single ~~Widow~~ Number of children living 4

Husband of Wife —

Father's Name — Mother's Name 9

Cause of Death Primary La Grippe How long sick 2 weeks

Immediate Meningitis ~~Accident, Suicide, Homicide~~

Reported by W. F. Twigg

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968